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|---|--|--|--|--|-----------------------------------|
|  0000694485 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | RECEIVED SQUAM BURNETT TOWN CLERK State File # 2022 060442 2023 JAN 17 P 4:02 OCME CASE # 2022-17466 | |
| | | | | | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEASED | Decedent Name MUISE JR, WILLIAM T | | | | |
| | Place of Death 16 C STOWE ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death DECEMBER 10, 2022 | | Date of Birth NOVEMBER 30, 1964 | | Sex MALE |
| | Residence 16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | | | |
| | Date entered(most recent) _____ | | Date Discharged (most recent) _____ | | Service Number(most recent) _____ |
| | Certifier ROBERT M. WELTON, MD Lic # 256257 | | | | |
| | Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | | | |
| | Immediate Cause of Death PENDING | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee CHRISTOPHER M RONEY Lic # 50559 | | | | |
| | Facility. RONEY FUNERAL HOME, GRAFTON, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition DECEMBER 16, 2022 | | |
| | Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 060442 | | Local Permit # E-PERMIT | | |
| | Date DECEMBER 16, 2022 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) All Faiths Crematory, Worcester | | Signature  | | |
| | Disposition Type Cremation | Date of Disposition 12/20/2022 | Name of Superintendent or Authorized Designee: Paul A. Druin | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000699743

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **063255** JAN -9 2022

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|--|-----------------------------|--|
| DECEDENT | Decedent Name | MORRISON , EMILY ELIZABETH | | |
| | Place of Death | 257 CORDAVILLE ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | DECEMBER 27, 2022 | Date of Birth | NOVEMBER 29, 1929 Sex FEMALE |
| | Residence | 257 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) | NO | | |
| | Branch of military (most recent) | Rank/organization/outfit(most recent) | | |
| | Date entered(most recent) | Date Discharged (most recent) | Service Number(most recent) | |
| CERTIFIER | Certifier | CONNIE DREXLER, MD Lic # 71130 | | |
| | Addr. | 112 MAIN STREET, SUITE 108, NORTHBOROUGH, MASSACHUSETTS 01532 | | |
| | Immediate Cause of Death | END STAGE DEMENTIA | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|---|---|
| DISPOSITION | Funeral Licensee/ Designee | SCOTT A. JOHNSTON | Lic # 6373 |
| | Facility. | MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type | BURIAL | Date of Disposition JANUARY 03, 2023 |
| | Place/Address | SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |

Endorsements

| | | |
|--------|--|--|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 063255 | Local Permit # E-PERMIT |
| | Date JANUARY 02, 2023 | Date --- |
| | | Name of Agent --- |

| | | |
|--------------|---|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH MA SEC. 1, LOT 3TH, GRV. 3 | Signature X |
| | Disposition Type FULL EMBL | Date of Disposition JAN. 3, 2023 |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000679674

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # 2022-048554

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|--|-----------------------------|--------------|
| DECEDENT | Decedent Name | BELLI, RICHARD S | | |
| | Place of Death | 152 MARLBORO ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | OCTOBER 06, 2022 | Date of Birth | MAY 13, 1934 |
| | Sex | MALE | | |
| | Residence | 152 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) | NO | | |
| | Branch of military (most recent) | Rank/organization/outfit(most recent) | | |
| | Date entered(most recent) | Date Discharged (most recent) | Service Number(most recent) | |
| | Certifier | SHUN-HOW LEE, MD | | |
| | Addr. | 600 WORCESTER ROAD, SUITE 503, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death | CONGESTIVE HEART FAILURE | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|---|---------------------|
| DISPOSITION | Funeral Licensee/ Designee | BRIAN C. MCKINNEY | Lic # 50106 |
| | Facility. | MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS | |
| | Disposition Type | CREMATION | Date of Disposition |
| | Place/Address | SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131 | |

Endorsements

| | | | | |
|--------|--|----------------------------|----------------|----------|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: | SOUTHBOROUGH | |
| | State Tracking # | 048554 | Local Permit # | E-PERMIT |
| | Date | OCTOBER 11, 2022 | Date | --- |
| | | | Name of Agent | --- |

| | | | |
|------------------|--|--|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | Signature | |
| | St. Michael Crematory 500 Canterbury Street Boston, MA 02131 | Michael Sheehan | |
| Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: | |
| Cremation | 10/15/2022 | Michael D. Sheehan, G.M. | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.


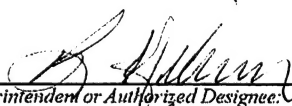
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED
SOUTHBOROUGH TOWN CLERK

77610

2022 OCT -6 P 3:00


| | | | | | |
|--|--|--|--|---------------------------------|---|
|  0000544430 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2021 016076 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name MCDONALD, SHANNON H | | | | |
| | Place of Death 9 HICKORY ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death MARCH 26, 2021 | | Date of Birth AUGUST 30, 1965 | | Sex FEMALE |
| | Residence 9 HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) --- Rank/organization/outfit (most recent) --- | | | | |
| | Date entered (most recent) --- | | Date Discharged (most recent) --- | | Service Number (most recent) --- |
| | Certifier DEBORAH SCHRAG, MD Lic # 77651 | | | | |
| | Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 | | | | |
| | Immediate Cause of Death APPENDICEAL CANCER | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee DAVID A PICKERING Lic # 6170 | | | | |
| | Facility WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition MARCH 26, 2021 | | |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 016076 | | Local Permit # E-PERMIT | | |
| | Date MARCH 26, 2021 | | Date --- Name of Agent --- | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CONDONVILLE RD. SOUTHBOROUGH, MA Sec. I, Lot 4.933A | | Signature X  | | |
| | Disposition Type CREMATION | Date of Disposition OCT. 4, 2022 | Name of Superintendent or Authorized Designee: DAVID A. PICKERING | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | |
|--|---|---------------------|--------------------|
| No. | 14626 | Cremation Affidavit | 2022 OCT -6 P 3:00 |
| I certify that herein are contained the cremated remains of: | | | |
| Holly Francine Gould | | | Age |
| Cremated on the | 29th | day of | August 2022 |
| Date of death | August 18, 2022 | Death County | Broward |
| Permit # | | 2022-5039961-5195 | |
| Funeral Home | American Cremations | | |
| Treasure Coast Crematory | By  | | |

THE CREMATED REMAINS OF PERSON STATED ABOVE WERE DISPOSED
OF IN ACCORDANCE WITH ITS TERMS AT:

RURAL CEMETERY
11 CORDVILLE RD, SOUTH BOROUGHS, ALA
SEC. 16, LOT 25, CIVIL WAR

ON: OCTOBER 1, 2022


BRIDGET H. GULLY



0000676899

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

2022 SEP 30 11:44
State File # 2022 046286

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|---|---------------------------------------|-----------------|
| DECEDENT | Decedent Name | LANGWAY , URSULA LUISA | | |
| | Place of Death | 7 BLUEBERRY LANE, SOUTHBOROUGH, MA | | |
| | Date of Death | SEPTEMBER 25, 2022 | Date of Birth | AUGUST 06, 1934 |
| | Residence | 7 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) | | | |
| | NO | | | |
| | Branch of military (most recent) | | Rank/organization/outfit(most recent) | |
| | Date entered(most recent) | | Date Discharged (most recent) | |
| | Service Number(most recent) | | | |
| CERTIFIER | Certifier | LI MING HU, MD | | |
| | Addr. | 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death | FAILURE TO THRIVE | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|---|---------------------|
| DISPOSITION | Funeral Licensee/ Designee | NANCY G MORRIS | Lic # 50277 |
| | Facility. | MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type | BURIAL | Date of Disposition |
| | Place/Address | RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |

Endorsements

| | | |
|--------|--|---|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # | 046286 |
| | Date | SEPTEMBER 28, 2022 |
| | Local Permit # | E-PERMIT |
| | Date | --- |
| | Name of Agent | --- |

| | | |
|--------------|--|---------------------|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) | Signature |
| | Rural Cemetery 11 Cordaville Rd. Southborough, MA Sep 28, 2022 | X [Signature] |
| | Disposition Type | Date of Disposition |
| | Full E.M.M./C.M.M.C. | Sept. 28, 2022 |
| | Name of Superintendent or Authorized Designee: | [Signature] |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

82718

| | | | | | |
|---|--|---|--|--|-----------------|
|  0000675061 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | 2022 SEP 30 A 8:34 State File # 2022 044668 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name FERRAZ , JESUSMARIO FRANCISCO | | | | |
| | Place of Death 134 WOODLAND ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death SEPTEMBER 15, 2022 | | Date of Birth MAY 23, 1964 | | Sex MALE |
| | Residence 1038 MAIN STREET, UNIT 3L, WORCESTER, MASSACHUSETTS 01603 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____ | | | | |
| CERTIFIER | Certifier BRADLEY A. SWITZER, MD Lic # 233914 | | | | |
| | Addr. 1 EATON PLACE, WORCESTER, MASSACHUSETTS 01608 | | | | |
| | Immediate Cause of Death BOWEL PERFORATION | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373 | | | | |
| | Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition SEPTEMBER 20, 2022 | | |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 044668 | | Local Permit # E-PERMIT | | |
| | Date SEPTEMBER 19, 2022 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) <div style="text-align: center;"> Rural Cemetery 180 Grove Street Worcester, MA 01605 </div> | | | Signature <div style="text-align: center;">  X </div> | |
| | Disposition Type Cremation | Date of Disposition SEP 20 2022 | | Name of Superintendent or Authorized Designee: David Berthiaume | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

82119

RECEIVED

SOUTHBOROUGH TOWN CLERK



0000658877

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2022 034287

8 P 2:11

Information necessary for the Certificate of Death has been completed for:

| | | |
|--------------|--|--|
| DECEDENT | Decedent Name JOHANSEN , KAREN J | |
| | Place of Death 40 SEARS ROAD, SOUTHBOROUGH, MA | |
| | Date of Death JULY 14, 2022 | Date of Birth SEPTEMBER 16, 1956 Sex FEMALE |
| | Residence 40 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) NO | |
| | Branch of military (most recent) — | Rank/organization/outfit(most recent) — |
| | Date entered(most recent) — | Date Discharged (most recent) Service Number(most recent) — |
| | Certifier JILL ALLEN, MD Lic # 226499 | |
| DISPOSITION | Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114 | |
| | Immediate Cause of Death PANCREATIC ADENOCARCINOMA | |
| | This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type CREMATION | Date of Disposition JULY 18, 2022 |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | |
| Endorsements | | |
| PERMIT | Registry of Vital Records and Statistics | |
| | Board of Health/Agent for: SOUTHBOROUGH | |
| | State Tracking # 034287 | Local Permit # E-PERMIT |
| | Date JULY 15, 2022 | Date — Name of Agent — |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605 | Signature X John H. Cobill |
| | Disposition Type Cremation | Date of Disposition JUL 19 2022 |
| | Name of Superintendent or Authorized Designee: John H Cobill | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED
SOUTHBOROUGH TOWN CLERK

2022 AUG -8 P 1:11



0000658292

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2022 033847

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|---|---------------------------------------|-----------------------------|
| DECEDENT | Decedent Name | KENSINGER, MARIE A | | |
| | Place of Death | 4 MAPLE STREET, SOUTHBOROUGH, MA | | |
| | Date of Death | JULY 11, 2022 | Date of Birth | OCTOBER 29, 1938 |
| | Residence | 4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01745 | | |
| CERTIFIER | If U.S. veteran, specify war/conflict(s) (most recent) | | | |
| | NO | | | |
| | Branch of military (most recent) | | Rank/organization/outfit(most recent) | |
| | Date entered(most recent) | | Date Discharged (most recent) | Service Number(most recent) |
| | Certifier STEVEN COFFIN, MD | | | |
| CERTIFIER | Addr. 246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752 | | Lic # 286233 | |
| | Immediate Cause of Death | | | |
| | END STAGE RENAL DISEASE | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|---|-----------------------------------|
| DISPOSITION | Funeral Licensee/ Designee | NANCY G MORRIS | Lic # 50277 |
| | Facility | MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type | BURIAL | Date of Disposition JULY 15, 2022 |
| | Place/Address | RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |

Endorsements

| | | |
|--------|--|---|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # 033847 | Local Permit # 033847 |
| | Date JULY 13, 2022 | Date JULY 14, 2022 |
| | | Name of Agent JAMES F. HEGARTY |

| | | | |
|--------------|--|---------------------|--|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | |
| | Place of Disposition (Facility Name and Address) | | Signature |
| | RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. C-EAST, LOT 19, GRV. 4 | | X [Signature] |
| | Disposition Type | Date of Disposition | Name of Superintendent or Authorized Designee: |
| | RURAL CEMETERY | JULY 15, 2022 | BRIDGET H. GILLENIE |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000660192

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL
OR TRANSPORTATION
PERMITRECEIVED
SOUTHBOROUGH TOWN CLERK
State File # 2022-036018
2022 AUG -8 P 1:11

Information necessary for the Certificate of Death has been completed for:

| | | | | |
|-----------|--|---|---------------------------------------|-----------------------------|
| DECEDENT | Decedent Name | BARTOLINI JR, LEO F | | |
| | Place of Death | 62 OAK HILL ROAD, SOUTHBOROUGH, MA | | |
| | Date of Death | JULY 21, 2022 | Date of Birth | MAY 12, 1950 |
| | | | Sex | MALE |
| | Residence | 62 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745 | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) | | | |
| | NO | | | |
| | Branch of military (most recent) | | Rank/organization/outfit(most recent) | |
| | Date entered(most recent) | | Date Discharged (most recent) | Service Number(most recent) |
| CERTIFIER | Certifier | JOSEPH HARRINGTON, MD | | |
| | | Lic # 160004 | | |
| | Addr. | 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01702 | | |
| | Immediate Cause of Death | | | |
| | CONGESTIVE HEART FAILURE | | | |

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

| | | | |
|-------------|----------------------------|--|-----------------------------------|
| DISPOSITION | Funeral Licensee/ Designee | SCOTT A. JOHNSTON | Lic # 6373 |
| | Facility. | MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS | |
| | Disposition Type | BURIAL | Date of Disposition JULY 27, 2022 |
| | Place/Address | SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | |

Endorsements

| | | |
|--------|--|---|
| PERMIT | Registry of Vital Records and Statistics | Board of Health/Agent for: SOUTHBOROUGH |
| | State Tracking # | 036018 |
| | Date | JULY 27, 2022 |
| | Local Permit # | E-PERMIT |
| | Date | — |
| | Name of Agent | — |

| | | |
|--------------|--|---------------------|
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | |
| | Place of Disposition (Facility Name and Address) | Signature |
| | RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC 11-EAST, LOT 202, GRV. 2 | X |
| | Disposition Type | Date of Disposition |
| | FULL EARTH BURIAL | JULY 27, 2022 |
| | Name of Superintendent or Authorized Designee: | |
| | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED
SOUTHBOROUGH TOWN CLERK 78215
2022 JUN 15 P 1:50

| | | | | | |
|--|--|---|--|--|-----------------------------------|
|  0000560909 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2021 028201 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name MABARDY , FREDERICK PAUL | | | | |
| | Place of Death 32 DEERFOOT ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death JUNE 09, 2021 | | Date of Birth APRIL 01, 1955 | | Sex MALE |
| | Residence 32 DEERFOOT ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | | | |
| | Date entered(most recent) _____ | | Date Discharged (most recent) _____ | | Service Number(most recent) _____ |
| | Certifier ASHRAF ELKERM, MD Lic # 81917 | | | | |
| | Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453 | | | | |
| | Immediate Cause of Death RECTAL CANCER WITH LIVER METASTASIS | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition JUNE 11, 2021 | | |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 028201 | | Local Permit # E-PERMIT | | |
| | Date JUNE 10, 2021 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CARDVILLE RD, SOUTHBOROUGH, MA SEC. 3 LOT 25, BUILD 1 | | | Signature  | |
| | Disposition Type CREMATION | | | Name of Superintendent or Authorized Designee:  | |
| | Date of Disposition JUNE 9, 2022 | | | OF (CREMATED) REMAINS | |

Acceptance of Permit



Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

22520

RECEIVED
SOUTHBOROUGH TOWN CLERK

| | | | | | |
|---|--|---|---|--|--|
|  0000595537 Form R-309 07012014 | | Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | 2022 JUN 15 P 1:50 State File # 2021 053406 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name SULLIVAN , BARBARA JANE Place of Death 184 CORDAVILLE ROAD, SOUTHBOROUGH, MA Date of Death NOVEMBER 08, 2021 Date of Birth JUNE 15, 1940 Sex FEMALE Residence 184 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| | Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ | | | | |
| | Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____ | | | | |
| | Certifier CONNIE DREXLER, MD Lic # 71130 Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 Immediate Cause of Death RESPIRATORY FAILURE | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881 Facility SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition NOVEMBER 11, 2021 Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics State Tracking # 053406 Date NOVEMBER 12, 2021 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____ | | |
| | | | | | |
| | | | | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA LOT 2, LOT 13A, LOT 21A | | Signature X  | | |
| | Disposition Type CREMATION OF CREMATED REMAINS | Date of Disposition MAY 26, 2022 | Name of Superintendent or Authorized Designee: BRIDGET A. GULLENEY | | |

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

| | | | | | |
|---|--|--|--|--|-----------------------------------|
|  0000427135 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | 2022 MAY 31 A 4: 22 Plate # 055377 OCME CASE # 2019-15665 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name TITUS , ROBERT H | | | | |
| | Place of Death 4 MOORE ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death DECEMBER 09, 2019 | | Date of Birth JANUARY 09, 1957 | | Sex MALE |
| | Residence 4 MOORE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) NO | | | | |
| CERTIFIER | Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ | | | | |
| | Date entered(most recent) _____ | | Date Discharged (most recent) _____ | | Service Number(most recent) _____ |
| | Certifier ANAND B. SHAH, MD Lic # 263749 | | | | |
| | Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | | | |
| | Immediate Cause of Death HANGING | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 | | | | |
| | Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS | | | | |
| | Disposition Type CREMATION | | Date of Disposition DECEMBER 12, 2019 | | |
| | Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| Endorsements | | | | | |
| PERMIT | Registry of Vital Records and Statistics | | Board of Health/Agent for: SOUTHBOROUGH | | |
| | State Tracking # 055377 | | Local Permit # E-PERMIT | | |
| | Date DECEMBER 11, 2019 | | Date _____ Name of Agent _____ | | |
| CONFIRMATION | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| | Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CONNORVILLE RD. SOUTHBOROUGH, MA SEC. I, BOX 229A | | | Signature  X | |
| | Disposition Type Single OF CREMATED REMAINS | Date of Disposition MAY 14, 2022 | | Name of Superintendent or Authorized Designee: CHRISTOPHER H. GILBERT | |



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

2022 APR -5 A 10: 54

| | | | | | |
|---|--|--|---|---------------------------------|--|
|  0000628770 Form R-309 07012014 | |  Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT | | State File # 2022 013368 | |
| Information necessary for the Certificate of Death has been completed for: | | | | | |
| DECEDENT | Decedent Name DALTON , LEONARD LEE | | | | |
| | Place of Death 59 PARKERVILLE ROAD, SOUTHBOROUGH, MA | | | | |
| | Date of Death MARCH 05, 2022 | | Date of Birth NOVEMBER 30, 1935 | | Sex MALE |
| | Residence 59 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 | | | | |
| | If U.S. veteran, specify war/conflict(s) (most recent) --- | | | | |
| DECEDENT | Branch of military (most recent) --- | | Rank/organization/outfit(most recent) --- | | |
| | Date entered(most recent) --- | | Date Discharged (most recent) --- | | Service Number(most recent) --- |
| | Certifier PAULA G. CARMICHAEL, MD | | | | |
| | Addr. 630 PLANTATION STREET, WORCESTER, MASSACHUSETTS 01605 | | | | |
| | Immediate Cause of Death PROGRESSIVE LOWER MOTOR NEURONOPATHY | | | | |
| This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: | | | | | |
| DISPOSITION | Funeral Licensee/ Designee GARY F. TOYE | | | | |
| | Facility. ADVANTAGE FUNERAL & CREMATION SERVICES - MASSACHUSETTS, FRAMINGHAM, MASSACHUSETTS | | | | |
| | Disposition Type REMOVAL FROM STATE | | | | |
| | Date of Disposition MARCH 10, 2022 | | | | |
| DISPOSITION | Place/Address NEW ENGLAND CREMATION SERVICES, 25 STARLINE WAY, CRANSTON, RHODE ISLAND 02921 | | | | |
| | Endorsements | | | | |
| | Registry of Vital Records and Statistics State Tracking # 013368 Date MARCH 10, 2022 | | Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent --- | | |
| | I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: | | | | |
| CONFIRMATION | Place of Disposition (Facility Name) NEW ENGLAND CREMATION SERVICES 25 STARLINE WAY, UNIT 10 CRANSTON, RI 02921 | | Signature  X | | |
| | Disposition Type CREMATION | | Date of Disposition 3.14.2022 | | Name of Superintendent or Authorized Designee: Michael Medeiros, Crematory Manager |
| | | | | | |

Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED VICTORIA POLICE DEPARTMENT

1964-10-24

1964-10-24